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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

Hints and Observations on Military Hygiene, relating to Diet, Dress, Exercise, Exposure, and the Best Means of Preventing and Curing Medical and Surgical Diseases in the Army.

By a Hospital Surgeon of Philadelphia.

(*Continued from page* 151.)

GUN-SHOT WOUNDS OF THE EYE.

According to Cooper* "gun-shot wounds of the eye, whilst presenting many points in common with injuries from other foreign bodies, possess characteristics entitling them to separate consideration. A shot striking the eye may cause simple bruising and concussion, or it may glance off, cutting a groove without penetrating; it may pierce through the tunics (showing no mark as we have stated before) and lodge in the globe; or lastly, it may traverse the eye and bury itself in the orbit. The effect of a spent shot is generally to produce concussion of the retina and subconjunctival ecchymosis."

When the surgeon is summoned, the first thing to be done is to ascertain, if possible, the relative position of the injured and injuring parties when the accident occurred; carefully cleanse the eye, and make as full an examination as possible. The following points are to be considered (from the authority before quoted) in determining the question as to whether or not a shot has pierced the eye; "the weight of the shot, the distance from which it was discharged, the position of the eye, and the direction whence the shot came. A heavy pellet will plunge into the eye at a hundred yards, when a light shot would glance, or fail to enter at fifty. The more obtuse the angle of incidence, the less the chances of the shot penetrating. The elasticity of the tunics is such, that a round pellet, direct from a gun, may be thrown off, when an angular or jagged shot, rebounding from a stone, will tear through them, and the laceration within the eye will depend on the size, shape, and force of the shot."

A guarded prognosis must in all cases be given by the surgeon, as often a slight grazing or spent shot, may by its concussion, detach the retina, and cause hopeless amaurosis, and when a shot has penetrated the eye, the risk is always grave. Occasionally the shot will simply pierce the cornea, and dropping into the anterior chamber, can be extracted without difficulty, but such cases are rare. The ordinary treatment is removal of the shot if possible; leeches freely applied and cold lotions. Internal treatment—calomel, with opium, or morphine, while soft extract of belladonna is applied around the eye if the iris is at all inflamed; rest in a darkened room, and liquid diet.

Military surgery presents cases of wounds of the eye peculiar to itself; the globe may be torn out of the socket, or it may be lacerated and bruised into a pulpy mass; one or both of the optic nerves may be cut across by the passage of a ball. Wounds of the eye and its appendages demand some serious consideration from the military surgeon, not only owing to its great importance, as an optical instrument of the most perfect construction, wounds of it are often the immediate cause of death. It is also true that in the great majority of cases seen by the military surgeon, there is little opportunity for the display of ophthalmic surgery in the preservation of vision, yet it seemed desirable and proper for us to follow so high an authority as the great Larry as to point out the nature and

* On Wounds and Injuries of the Eye, by Wm. White Cooper, London, 1859.

results of the principle lesions which have been met with.

During the war in India by the English, a private of the 18th Regiment was struck in the right eye by a ball, which was cut out between the spine and the posterior edge of the right scapula; he died in the hospital at Umballa some weeks after his arrival there. It was ascertained that the ball had entered the lower part of the right eye, passing through the floor of the orbit, then ploughed along the base of the skull, carrying away the styloid process until abreast of the foramen magnum, when it quitted the bone and passed down the neck into the back.*

M. Menière, in his account of the Hotel Dieu, at Paris, during "the three days," tells us of a ball which entered at the inner angle of the left eye, passed downwards and backwards, and to the right side, under the base of the cranium, and was cut out from from above the right shoulder. The patient recovered rapidly without a bad symptom. Sometimes the course of the ball cannot be ascertained. A French soldier was wounded at Waterloo. The ball entered the right eye; the left, though not in the slightest degree injured in appearance, was completely blind. The patient was quite convinced that the ball had entered his brain, but its seat never could be discovered by Dr. Hennen. He returned to France convalescent.

Occasionally the eye is torn from the socket, the surrounding parts being little injured.

Dr. F. Isenschnied has recorded† a case of a soldier who was struck by a ball on the right eye, which was driven almost entirely out of the orbit, the cornea and sclerotica being ruptured, and the vitreous humour lost; nevertheless, neither the lids nor the orbit were implicated in the wound.

A good example of the terrible effects resulting from a gun-shot wound is related by Dr. Fenin, the Chief Surgeon of the Military Hospital at Cambrai:‡

A soldier in Algeria was shot in the face; the bullet passing from left to right, destroyed the cornea and the upper portion of the sclerotic of the left eye, the bones of the nose, and lodged in the external and posterior angle of the right orbit. On the following day he was admitted into the Hospital at Blidah.

The right eye thrust outwards was enormously swollen, cold to the touch, and dull in color; the eyelids, equally swollen, were of a violet hue; there was violent pain in the head, and febrile disturbance.

Dr. Fenin found a tendency to gangrene, and decided on immediate extirpation of the eye, which he executed with facility. On passing the finger into the orbit, the ball was discovered flattened and misshapen, considerable difficulty was experienced in extracting it. The patient made a good recovery, though of course totally blind.

"The battle of Waterloo gave rise to numerous examples of lamentable injuries to the eyes produced by musket balls. In cases where the balls had passed near the eye, the vision was destroyed, in some without any apparent injury of the eyeball, and in others with the occurrence of every degree of inflammation. In a case where the ball passed behind the eyes, from temple to temple; one eye was destroyed by inflammation, and the other affected with amaurosis, but without inflammation. In a third, where the bullet entered the face on the upper and left side of the nose, and passed out anterior to the right ear, the patient was affected with amaurosis of the right eye. The left eye was similarly affected in a case where the ball had entered the right side of the nose, and had come out before the left ear. From eight to ten instances were seen in which musket balls passed through behind the eye from temple to temple. In one soldier the ball had passed through and behind the eyes, and he was affected at the end of some weeks with painful spasms in the face." *

A case is mentioned by Dr. Macleod,† showing how little injury and inconvenience may be caused by the immediate vicinity of a bullet to the eye. A soldier was struck at the battle of the Alma by a round ball, which entered close to and immediately below the inner canthus of the eye. The wound healed, and the patient had almost forgotten the circumstance, when after suffering slightly from dryness in one nostril some months afterwards, the musket ball fell from his nose, to his great alarm and astonishment. During the retreat towards Corunna, a soldier of the 36th regiment, who was left to cook his comrades' dinner whilst they were skirmishing with the enemy, was seen to suddenly fall backwards, and Dr. Burton, who chanced at the moment to be near, ran to him,

* Edinburgh Medical Journal, No. xi.
† Ann d'Oculistique, t. xxx, p. 107.
‡ Ann d'Oculistique, t. xx, p. 101.

* Cooper, p. 86.
† Surgery of the Crimean War, p 223.

and found that he had received a wound under the left eye, as if made with a rough cutting instrument; very considerable echymosis took place, which was got rid of by pressure. Dr. Burton extracted from the socket a musket ball, flattened so much as to resemble a piece of money, from its having first struck against the wall in front of the man. The eye did not suffer in the least, although the soldier underwent a very distressing march that night.

At the siege of Badajoz, a soldier of the 52d was struck by a bullet, which passed in at the inner canthus of the eye, fracturing the bone; blindness was the instant consequence, though the globe of the eye was not destroyed.

In Dr. McCrae's "Medical Report of the Campaign in the Punjaub, 1848–49," "it is stated that a European was struck by a musket ball, which entered at the side of the nose, passed into the orbit, and lodged just behind the eye; vision was lost, but the eye was unaltered in appearance. The man never felt inconvenience from the ball.

The injuries to the eye during the Crimean war were less numerous than might have been expected, the following interesting cases and observations were reported.* In one case a comrade's double tooth was found imbedded in a soldier's eye; in another, a portion of a man's skull was removed from between the eyelids; but generally it was from sand or small gravel stones struck up by shot or propelled by shell explosions, that injuries to this organ occurred. The removal of foreign bodies in this situation is imperatively called for not only to prevent or moderate inflammatory action in the injured organ, but in cases where only one eye is wounded, to prevent the extension of inflammation to the opposite eye by sympathy, and thus prevent the loss of a soldier to the service. It will be seen by the return, that twenty-four out of forty-one cases of injury to one eye, returned to duty without leaving the Crimea, only fifteen of this series having been sent away for further treatment, and the majority of these subsequently returned to duty at home, or from Scutari.

"In most of the instances before us, the vision of the injured eye was entirely lost, and complete collapse of the eyeball happened. In a few instances, however, small particles of stone were removed from the cornea without having penetrated into the interior of the organ. In one such case which occurred in the 77th regiment, the injury was followed by traumatic cataract of the wounded eye; but these fragments of stone sometimes penetrated into the interior of the eye; where visible, the proper practice would undoubtedly appear to be to remove them by incision, but no case is recorded where such was effected and vision retained.

In one instance, a man of the 88th regiment was wounded by a musket ball, which entered at the inner angle of the left eye, and made its exit close to the lobule of the right ear, passing behind the nasal bones. Neither eye appeared to have been organically injured, yet the vision of both was irreparably destroyed. On examination, the pupils of both were found to be much dilated, and they did not act to the stimulus of light. No appreciable inflammation of the eyeballs followed, nor could any other change in the shape or appearance of the several structures composing them be detected, but the eyes became at once and remained completely amaurotic, the man asserting that he was even unable to distinguish between bright light and total darkness. The wound gave little trouble, and he was invalided to England well, but totally blind, about a month after its receipt, and discharged from the service in this condition. In this case we are driven to the supposition that the concussion produced by the ball had injured the optic nerves." This case should have been submitted to a careful examination on his return to England by the ophthalmoscope, and no doubt would then have remained, as to the result of the injury. Might it not have been a detachment of the retina?

The following cases are reported as having occurred in the Naval Brigade: George Ellis, aged 22, of the "Queen," had been struck apparently by a piece of stone broken from a parapet of the battery, below the left eye; the anterior wall of the superior maxillary bone was fractured, and the antrum opened.

Another piece appears to have struck the cornea and laid it open, giving exit to the contents of the eyeball. His face and eyelids were covered with small wounds caused by gravel striking forcibly against them. A probe could be passed deep into the wound under the eye, but it did not detect any foreign body. The wounds were cleaned and dressed with lint. This man recovered with the loss of the left eye. On the 24th of August, a seaman was struck by a musket ball below the left eye;

* Medical and Surgical History of the British Army which served in Turkey and the Crimea, during the war against Russia in the years 1854, '55, '56.

there was an elongated wound on the lower eyelid, and the eye itself was hidden by the swelling; the ball had lodged, but its position was uncertain. On the 28th, a hard, imperfectly circumscribed spot was discovered anterior to the ear, and opened; when the supposed foreign body was discovered to be part of the malar bone, which was loose in front, but connected posteriorly. The patient was sent to Cossack Bay, where the ball was extracted from the antrum, but the sight of the eye was lost.

"No case is recorded of a musket ball or other foreign body, lodged behind the eyeball, but enormous swelling, with inflammation of the eye and lids, sometimes followed the lesions already mentioned, requiring active treatment by incision, bleeding, and free leeching for its control; but in no instance was the entire removal of the eyeball called for. One case occurred where both eyes were irrevocably destroyed by the gravel thrown up by a shell-explosion, complicated with extensive bruising and laceration of the face; one testis had been cut away entirely, and more than half of the other, with a large portion of the integument of the scrotum, by a fragment of shell, and a severe laceration of the forepart of both thighs existed. Both eyes had been penetrated and were collapsed; no bleeding of any consequence took place from the divided end of the cord; the parts were simply cleansed and lightly dressed, and notwithstanding the severe nature of the general injuries, he was invalided to England at the expiration of two months, well but quite blind.

"Not less than four cases of loss of both eyes took place from explosions of magazines; these are returned among miscellaneous wounds and injuries, but two of them were cases identical with those last mentioned, where the coats of the organ had been perforated by fragments of foreign bodies driven against them, and vision entirely lost, the eyeball collapsing; but in one instance, the eyes seemed to have been disorganized by the direct force of the concussion conveyed by the medium of the air. In this case the aqueous humor would appear to have been forced between the layers of the cornea, as though no rupture of the eye existed, and the eyeball was full and retained its natural rotundity, a complete blueish white opacity of the whole of this membrane was found to have taken place within a few hours of the receipt of the injury. In this case the amount of inflammatory action set up was very slight, but vision was completely and permanently destroyed.

"In wounds of the eyelids and other appendages of the eye, considerable care and nicety of adjustment were occasionally called for, as every practical surgeon may well understand, and in wounds of the eyelids the use of sutures was more urgently called for to prevent subsequent deformity than in almost any other part of the body."

	Total treated.	Died.	Discharged to duty.	Invalided.
Penetrating wounds with lesion of				
One eye..	42	3	24	15
Both eyes.....	2	...	...	2

One of the deaths was caused by tetanus, and two by inflammation of the membranes of the brain supervening, where one eye had been destroyed. As cases of tetanus, from injury of the eye are rare, we will give the details of the case.

CASE OF TETANUS.

Private William Harding, 1st Battalion, Rifle Brigade, was admitted into the Regimental Hospital, on the 5th of September, with a severe contusion of the face, and very considerable swelling on the left side of the head.

The injury had been inflicted by the explosion of a shell, which drove a quantity of stones and gravel into his face; much of this was removed. The eyelid of the left eye was found to have been divided, and the eye destroyed. He complained of very great pain in the face and eye, but there were no remarkable constitutional symptoms. On the 7th of September, in syringing out the orbit, a hard substance was felt, and with some difficulty a piece of stone, the size of a large walnut, but of angular shape, was extracted, and much gravel, in small fragments, was afterwards washed out of the orbit. This relieved him much, and he was very easy till the ninth, when he complained of twitching about the month, and, on putting out his tongue, it was violently and involuntarily bitten by spasmodic contraction of the temporal and masseter muscles. The sterno-cleido-mastoid muscle was also much affected with spasms. These were increased or brought on by any attempt to protrude the tongue or to swallow.

Treatment. — The spine was blistered and

sprinkled with morphia, calomel frequently given in small doses, and chloroform exhibited; but the tetanic symptoms continued and became worse, and he died in great pain on the 11th, having remained perfectly sensible the whole time. On examination after death, it was found that the bony orbit was extensively fractured, including the orbital plates of the frontal, superior maxillary, and æthmoid bones. The sclerotic coat of the eye was torn open, and much gravel imbedded in its interior, and some fragments had been forced into the substance of the optic nerve.

*Treatment.**—"When a ball lodges behind the eye, it usually causes protrusion, inflammation, and suppuration of that organ- If it be not discovered by the usual means, its lodgment may be suspected from the gradual protrusion and inflammation of the eye itself. If it be discovered, it should be removed, together with the eye, if such proceeding be necessary for its exposure. If suppuration has commenced in the eye, a deep incision into that organ will arrest, if not prevent, the horrible sufferings about to take place, and allow of the removal of the offending cause. If the eye remain in a state of chronic disease and suffering, a similar incision will give the desired relief. If the chronic state of irritation affect the other eye, the incision and sinking of the ball of the one first affected or injured is urgently demanded and should not be delayed. I have several times seen both eyes destroyed and sunk by one ball, with little other inconvenience to the patient; one eye sunk, the other amaurotic, and both even amaurotic, almost without a sign of injury, by balls which had passed from side to side through both orbits, but behind the eyes. When the eye becomes amaurotic from a lesion of the first branch of the fifth pair of nerves, the pupil does not become dilated; the iris retains its usual action, although the retina may be insensible and vision destroyed.

This was well shown in the case of the late Major-General Sir A. Leith, who was wounded by a sword in the forehead, this nerve being divided."

Larrey, in speaking of the solutions of continuity, to which the auxillary parts of the eye may become subject, makes the following observations on those which destroy the integrity of the *eye-brows*. "When the latter have been occasioned by pointed or cutting instruments, they may be accompanied by lesion of some of the branches of the trochlearis nerve, which are furnished by the ophthalmic of Willis."

"This circumstance may give rise to pretty serious nervous symptoms; suspend the functions of vision for a longer or shorter time, or change them in proportion to the extent of the injury. When this is the case, the injured nerves should be clearly divided, and the wound itself be converted, as far as may be expedient, into a simple solution of continuity. The nervous symptom will then instantly cease, and vision, which may have been suspended or weakened, will be restored with equal dispatch."

The following example is given by him under the article *Tetanus*:

"Upon the occasion of a charge of cavalry, M. Markeski, a lieutenant of a regiment of light horse, received, while in Austria, a thrust with a lance on the right side of the forehead. The point of this weapon had entered obliquely from below, upwards and inwards, under the pericranium, so as to produce a deep fissure in the substance of the frontal bone. One of the branches of the frontal nerve had been grazed (*eraillé*) by the cutting edge of the lance. In the night of the ninth until the tenth, tetanus was ushered in by convulsive motions in the eye-lids of the corresponding eye and by loss of sight in that organ. There was also some slight aberration of the mind. Emollients applied to the seat of the injury, and the exhibition of diaphoretic and opiated draughts, produced no effect whatever; the complaint went on increasing, and there was no doubt, that before the expiration of twenty-four hours, it would have arrived at the highest stage.

"I sounded the wound and readily discovered its whole course; the passage of the probe causing the patient the most acute pain.

"These motives determined me to divide, with a bistoury the entire substance of the corrugator supercilii muscle, and the injured nerve and blood vessel distributed to it, which was accomplished by a single incision from below upwards.

This officer experienced immediate relief, and in less than twenty-four hours all the tetanic symptoms were dispersed, and vision was completely restored."

He goes on to observe that "If however, some branch of the supra-orbital arteries has been divided, it will be best, after separating all the nervous filaments from them, immediately to apply a ligature, because mere pressure is often insufficient to stop the hemorrhage.

*Guthrie's Commentaries on the Surgery of the War, p. 523.

But, in no instance whatever, should the eyebrows be shaved, inasmuch as these hairy productions, with respect to their growth, remain stationary until old age, and that consequently months and years will be required ere nature can entirely reproduce the deficiency. If the division of the eyebrows is deep and extensive, it will be useful and almost indispensable to have recourse to a few stitches of the interrupted suture, so to preserve the precise consolidation of these parts, and the original relation of the hair which grows upon them.

The *eyelids* may be divided or lacerated, singly or both at once, in their whole diameter, and in different directions, either by side arms or by projectiles of greater or lesser size. In every such case, immediate reunion is the first indication, and if the solution of continuity be regular and uniform, it may be accomplished without any further preparatory measure.

Where, however, their edges should appear to have been abraded, unequal, or notched, they should previously be cut smooth with a pair of curvéd scissors, being converted thus into simple wounds, an interrupted suture will keep them in exact apposition, and restore the eyelids to their primitive or normal conformation. Any loss of substance which may have occurred in their thickness, especially when the wounds are of a recent date, should be at once unhesitatingly supplied by a reunion of parts, for the inconveniences which are liable to result from retraction of these loose shreds suffer no comparison with those which their chafing might possibly produce."

No apprehension need be entertained on account of the passage of the needle through the tarsal cartilages, which, like all other tissues of the same genus, are not susceptible of inflammation; but care should be taken, when the suture is employed, to embrace within it a larger portion of the parts exterior to the globe of the eye, than of their inside surface, so as to prevent the retroversion of the eyelid; but, above all, the eye-lashes and the margin of these membranous coverings should be fixed in their precise situation. Care also should be taken when the solution of continuity is in the vicinity of the puncta lachrymalia, that the lachrymal ducts which arise there are not included in the suture. This dressing should next be supported by immobility of the parts, by an appropriate bandage and rest. It will be proper to keep the internal surface of the injured eye-lids moist, with a few drops of the oil of sweet almonds, in order to prevent the formation of adhesions to the corresponding point of the ocular conjunctiva. We are possessed of several examples of various injuries of these parts which, by the measure above described, have been treated with unhoped for success."*

Exsection of the Hip-joint.

By John Swinburne, M. D.,
Of Albany, N. Y.

[Read at the meeting of the Albany County Medical Society.]

December 26, 1860, was called to see J. O'C., æt. ten, from whom I learned the following history of his disease.

In September 1860, he received a kick, and blow with a stick on the hip, which gave him much pain—following this, pain was referred to the knee, and this increased in intensity for three months, as did also the lameness; the pain was especially severe at night, preventing sleep and destroying the appetite, followed by gradual emaciation.

December 26, 1860, I found him in bed, suffering great pain; much emaciation, loss of appetite, anæmic, night sweats, great tenderness over the hip, thigh, and knee; hip and thigh swollen; pain mostly confined to the knee, and particularly on any attempt being made to move the limb. He at this time had been confined to the bed for one month.

Full extension and separation of the diseased surfaces relieved the pain; this extension was perpetuated by the perineal belt, fastened to the head of the bed, and by means of adhesive plaster and rope to the foot of the bed effected extension, and at the same time warm lotions were applied to the hip, hoping by this means to prevent the inflammation terminating in suppuration. Notwithstanding this, it continued to grow worse; pain, swelling, tenderness, heat, etc., indicating the formation of pus; which symptoms continued increasing. The extension was then discontinued for about six weeks, when there could be no mistake as to the formation of pus in the joint. On making a free incision into this swelling, it discharged a large quantity of pus and broken down fibrin.

On my next visit, to my astonishment I found the head of the bone dislocated backwards and upwards on the dorsum illei; the knee and thigh carried over the well thigh, and in this

*Clinique Chirurgicale, Paris 1829-30.

position remained fixed. The muscles were contracted to such a degree, that the dislocated bone was retained in its *mal position* and could not be reduced, and, on careful examination of the bone, I found it soft and spongy, so that the probe passed easily through its texture.

April 2d, one month after the evacuation of the pus, (in the presence of Drs. Willard, Baily, Young, Moore, Birdsell, and O'Leary,) I, after plying chloroform, proceeded to exsect the hip-joint. The dissection was easily effected, with little loss of blood, and comparatively no shock, in fact he was easier and better after the dissection than before.

The dissection consisted in a **T** shaped incision, the longest cut was in the axis of the head and neck, and about four inches in length, while the shorter one was about two and a half inches in length; through this opening the bone was thrust out and sawed off through the neck; finding, however, that the remaining portion of the neck was still diseased, I made a second section just above the inter-trocanteric space, and still keeping clear of the cartilage, which connects the shaft with the epyphisis, so as not to destroy the growth of the shaft. I then gouged out the dead bone at the bottom of acetabulum, cleaned out all the loose fibrinous deposits (not less than one and a half ounces.) The limb was now drawn down to its normal position, and retained there by means of weights and pulleys; at the same time elevating the foot of the bed that the body might impinge against it, as the counter-extending point. This extension was continued for five months, during which time his general health continued to improve under the influence of anodynes—quinine and iron—generous diet, and all the stimulants his stomach could bear. No unpleasant symptoms followed the operation, and in fact he was better the next day than he had been for weeks previous, and though he still suffered much pain, his condition was improved materially. The wound nearly healed at the expiration of three months; occasionally, a debris of bone would discharge, which kept up a small opening in the lower portion of the cut. At the expiration of four and a half months, a small abscess formed and opened near the spine of the sacrum; this discharged a small debris of bone. It, however, soon healed, and at the expiration of five months the pain had subsided almost entirely; his health and flesh returning with the limb in good position, and only half an inch shorter than the sound one—*both trocanters* equally prominent.

I applied Sayre's hip-joint extension apparatus and allowed him to go about on crutches. Now (eight months) his health is perfect; no pain at all; appetite enormous; increasing in flesh; very slight discharge from the wound, and, while standing, there is no perceptible difference in the appearance of the two limbs. In fact he can be considered well.

This case deserves some special comments:

1. The suddenness and severity of the inflammatory attack from the time of the injury.

2. The rapid formation of pus.

3. The suddenness of the dislocation of the bone after the discharge of the pus, and the great contraction of the muscles of the thigh, and particularly the abductors which carried the diseased limb over the sound thigh, and the pertinacity with which they remained contracted in that position.

4. The early, honey-comb softness of the bone, as well as the entire absence of absorption or external change of its bony tissue, and the complete preservation of the normal contour of the head and neck of the bone.

5. While the entire destruction of the capsular ligament, ligamentum teres, cartilages of the acetabulum and head of the femur; also, the excessive formation of pus, attest the severity of the inflammatory attack; the emaciated form, the exsanguined and pinched expression of the features, the excessive pus drain, and the horrible distorting, nocturnal pains, point to a speedy dissolution, unless relieved by surgical interference.

6. The complete dislocation of the head of the bone, backward and upward, two inches from the acetabulum, and on the dorsum illii—*per contra*, the ease with which the operation was performed and the comparative relief from suffering.

7. The rapidity of the improvement as to pain, appetite, and comparative comfort, after the exsection.

8. The preservation of the natural contour of the limb and hip.

9. The facility with which the case was treated, without the wire breeches, which surgeons generally consider indispensible to success.

10. The nearly complete restoration of motion of the thigh on the pelvis, and which is daily improving. The restoration of *perfect motion* is (in my opinion) not problematical.

11. The advantage of the Sayre splint to complete the treatment, cannot be too highly prized, since it allows motion and out-door exercise, and at the same time keeps up the proper extension and counter-extension.

For the subsequent success of the treatment, I am much indebted to Dr. C. B. O'Leary, who visited and watched him attentively night and day.

While on this subject, I beg to say something more as to the result of exsections and of opening joints.

In April, 1861, Dr. James R. Wood politely showed me one of his cases of exsection of the hip-joint at Bellevue Hospital, which was progressing with every prospect of perfect success, and in answer to my interrogations as to his views of exsections, he laconically replied that "we must select our cases." I saw one which had been exsected by Dr. Guerdon Buck, at St. Luke's Hospital, this was also doing well and augured favorably for perfect success.

Dr. Sayre showed several perfect results (in private practice) and others in the progress of treatment—these bid fair to be perfect results. He also presented several diseased knee-joints in the different stages of treatment by free incisions. Also some cases where the joint had recovered its entire mobility. He also showed me the result of a case of disease of the ankle-joint, through which he had passed a seaton from side to side, and kept it in until full separation was effected, when the wound was allowed to heal by granulation. I found this girl skating in the *Palace Garden*, while no perceptible difference in gait or otherwise could be perceived.

In answer to my inquiries as to exsection of the different joints, he said that "the ball and socket joints are the most suitable for exsection, while the hinge-joints are best treated by free incisions and subsequent suppuration, granulation, &c."

In the American *Medical Times*, Vol. 3, p. 192, I find a statistical table of exsections from the recent work of Dr. Hayfelder on exsections, which might seem to contrast strongly with the views of Dr. Sayre.

	Deaths.	Cures.	Cures.
Exsection of hip 66 cases,	33	33	being 90.50 per cent.
" knee 179 "	54	125	2.30 "
ankle (foot) 22 "	3	19	6.33 "
elbow joint 288 "	33	220	6.66 "

While of partial exsections the results are so favorable as to encourage repetition.

		Deaths.	Cures.	Cures.
Partial exsection of the knee 36 cases		16	20	125 p.c.
" " foot	77 "	8	69	
Exsection astragalus,	67 "	9	58	
" os calcis,	81 "	1	83	

Taking these figures, they speak well for exsection of the large hinge-joints, such as the elbow, knee and ankle, while in the hip 50, are cured, in the knee 2.30, in the ankle 6.33, and in the elbow joint 6.66 are cured. This table is not in accordance with the above-mentioned idea of Dr. Sayre, though when Drs. Sayre and Cooper came to present a tabular view of the comparative success of exsection of hinge-joints on the one hand and the free incision into the same, (taking it in all points of view,) I am induced to believe that the free incision will still present many advantages over exsection.

1. In free incisions there is less shock to the system and less active reaction.

2. There is no loss of substance or shortening of the limb.

3. There is much less danger of permanent anchylosis.

4. It is much more within the range and province of all physicians, and hence if only equally advantageous to the patient, it is still better for the profession because within the province of all. Once establish *this* fact that the danger of opening joints is but trifling, and many bad cases would be cured by this method which would never have been exsected from fear of so formidable an operation, and from an insufficient knowledge on the part of the physician, or the want of proper means to defray the expenses of so tedious an operation and convalescence, and hence would remain and suffer on until death relieved the patient.

5. As to the comparative time to complete the cure in the two modes of operation I have no data.

In the way of chronic joint surgery, Dr. Sayre is doing wonders, and though I do not propose to go into a discussion as to the merits and demerits of his original claim as to the apparatus for the treatment of morbus coxarius in the first stage, I do emphatically say that the doctor deserves the *gratitude* of suffering humanity for bringing his apparatus prominently before the profession, by which, extension, motion, and exercise are combined. Thus keeping up and improving the health of the little sufferer. I have within six months applied this apparatus to two cases of morbus-coxarius in the first stage, and the result is satisfactory in the highest degree.

In the Philadelphia Medical and Surgical Reporter, Vol. 7, page 40, will be found an article, quoted from the San Francisco *Medical Press*, for July, in which Dr. E. S. Cooper lays down what he calls new surgical principles, and enumerates them from 1 to 7. In the main, I think the doctor correct, but while all this may be true of a diseased joint, I would make the pertinent inquiry:

1st. Were you, as surgeon, to find a healthy knee-joint opened for two, three, or four inches in length with a clean cutting instrument, would you allow it to heal by granulation? or would you rather close it by metalic sutures as carefully as possible with the object of obtaining union by the first intention?

2d. Were you called to treat a punctured wound of the same joint, would you close it, allow it to suppurate, or would you rather convert it into a full and free incision?

3d. In the operation for the removal of false cartilages from the joint, should your incision be large and free, and allow the same to heal by granulation? or should you strive to remove the cartilage by subcutaneous incision, and so heal the wound by the first intention.

There are some important considerations in reference to healthy, in contra-distinction to diseased joints, which require further consideration, and I candidly confess (with my limited experience) that I am unable to give a solution of them. I would therefore invite the profession to investigate carefully this important and intricate matter.

Case of Scirrhosity of the Pancreas, with Induration. Hypertrophy, and Ulceration of the Duodenum and Pyloric Extremity of the Stomach, with remarks,

By John S. Rohrer,
Of Philadelphia

The pancreas, as well as the duodenum and lower part of the stomach are much more frequently involved in scirrhous diseases, I conceive, than is generally supposed by medical men. In support of this view I need but mention the fact that the symptoms which serve to make out the diagnosis are exceedingly ambiguous, and are often confounded with chronic gastritis and other disorders of the adjoining viscera, thus rendering it extremely difficult to recognize the disease during life. It is obvious, therefore, that the interest of science, on this point, can be best advanced by tracing the symptoms considered obscure and often made to account for dissimilar action, in connection with the pathological lesions, to their true source or condition of the organs affected; and this can only be done by a careful investigation of the parts after death. I will give the *history* and *autopsy* of a case which may be considered a type or example of some eight or nine cases which have come under my notice in the course of my practice, exhibiting, however, a diversity of symptoms.

Mrs. D., wife of a laboring man, aged thirty-seven years, had been afflicted at intervals with spells of nausea and vomiting, which commenced about two years previous to her death, but the last six months the symptoms increased in intensity, and the vomiting became almost constant after taking food. About this period a pain seized her in the region of the epigastrium, and continued with more or less severity during the remainder of her life. Also, a lump made its appearance in the lower region of the stomach, which was not very tender to the touch, as considerable pressure could be borne on it by manipulation of the hand or fingers. This increased gradually in size until it became as large as a "goose-egg." A pulsation was felt through it as if given by the aorta beneath; solid food could not be retained. The patient's diet was pretty much confined to fluids, and even such were often ejected a few minutes after they were swallowed. Cold drinks and ice creams were longest retained. The patient gradually emaciated until she became reduced to a mere skeleton. In the latter stage of her complaint, that is to say, three or four weeks previous to her death, her skin became very yellow, assuming the color of a *lemon*. Her pulse was weak, and diminished in caliber. The matter ejected from the stomach was frequently quite black, but at times, in the early stage, it consisted of pure bile; the alvine discharges escaped notice, but there was alternate constipation and diarrhœa. Her appetite was variable, sometimes craving and attended with longings for different kinds of food, which was no sooner indulged in than ejected, until her system became exhausted, and she died, apparently for want of power of assimilation and nutrition.

Autopsy.—The body was quite yellow, all the fatty substance having disappeared; the eyes were sunk deep in their sockets, and the muscles absorbed or wasted to mere shreds, and on making an incision, no adipose substance could

be traced through them. On opening the cavity of the abdomen, a large body presented itself, which was found on examination to be the stomach and pancreas, the lower portion of the former being much indurated, and the pyloric extremity embraced by the latter, enlarged and in a *scirrhous* condition, forming a *hard tumor, entirely obliterating the pyloric orifice.* The pancreas throughout was altered in structure, presenting an irregular globular mass: the colon *constricted* and adherent to the duodenum and surrounding glandular portion of the pancreas. Also, the internal surface of the duodenal extremity of the stomach exhibited malignant ulceration. The liver was somewhat enlarged; the ductus communis partly closed, and the pancreatic duct entirely obliterated; all other parts, as far as examined, were in a normal condition.

The above is the only case of which I have a record, and is offered as having some points of interest in view of the fact that it is an example of a number of the same variety which came under my observation, and serves to illustrate the pathological lesions of all of them, as shown by post mortem examination, as well as by the physical signs during life. It may be proper further to state that similar cases have frequently been confounded with chronic gastritis, ulceration of the mucous membrane of the stomach, and induration and enlargement of the liver, etc., without any suspicion having been entertained of their *true nature.* The symptoms most frequently observed at the beginning are nausea, vomiting, with pain in the epigastric region, and other disorders of the stomach; but as the disease advances the pain of the acute form increases, and not till after considerable emaciation and frequent alvine evacuations will the deep-seated pulsating tumor make its appearance in the lower epigastrium, which will prove to be the enlarged and indurated pancreas, having sometimes a flattened surface; salivation, constipation, or diarrhœa follow in the train; but the most characteristic and reliable symptoms in this peculiar affection, in connection with those already enumerated, are the *deep jaundice* and great emaciation and anæmia which generally follow. It must, however, be borne in mind that the tumor or morbid enlargement already mentioned cannot always be felt in the early part of the malady, and is therefore frequently not observed before abdominal pulsation takes place, which is not often discernible in the beginning of the complaint; but when a deep-seated pulsating tumor is noticed, with a well-marked *bruit de soufflet* resembling an aneurism of the aorta, for which I have seen it mistaken, you may rely upon the accuracy of your diagnosis. This pulsation is caused by the action of the abdominal aorta beneath giving the impetus which is felt through the density of the tumor.

As the pancreas no doubt is the *original seat of the disease,* the surrounding organs becoming subsequently involved, it is probable that jaundice is occasioned by pressure, causing not only a constriction of the common *bile duct,* but often closing entirely its duodenal extremity. In conclusion, with the facts, of which I have given a brief summary, I will add that in nearly all cases which I have examined AFTER DEATH, in which a tumor could be felt in the lower epigastrium, and which were attended with frequent vomiting and the *yellow tinge* of the skin, the cardiac orifice was found narrowed, the duodenum, as well as the duodenal extremity of the stomach thickened, and the pyloric orifice nearly closed, or entirely obliterated; the pancreas hardened, enlarged, or disorganized and completely involved in scirrhous disease.

Case of Fracture of the Parietal Bone, with Injury to the Base of the Skull—Trephining, Temporary Improvement, and subsequent Death.

On the 31st of last August, Wm. R——, æt. 25 years, of good constitution, received a blow, from a stone, on the left side of the head, a short distance above and back of the ear. He was apparently but slightly stunned by the immediate effects of the blow, having eaten his supper, and afterwards walked about for some considerable time.

At noon on the succeeding day I took charge of the case, at which time the following symptoms were present: Complete insensibility; slow and feeble pulse; cool extremities; stertorous breathing; partial paralysis of the right side, almost entire of the right arm; dilatation of the pupils, greatest of the right; involuntary discharge of urine; bleeding from the left ear; and pointing of the uvula to the right side.

A careful examination of the head revealed a depression of the parietal bone, immediately under the point of injury, unaccompanied by any wound of the scalp, but by considerable tumefaction of the integuments.

Fearing the existence of fracture at the base of the cranium; I felt undecided what course to pursue in the treatment of the case, and therefore requested counsel. Accordingly, Drs. West, Alexander, and Tigart saw the case in consultation. We were united in the opinion that fracture existed at the base of the skull, but as affording the patient the only hope of recovery, and in justice to the young man charged with inflicting the injury, we concluded surgical interference with the fracture of the parietal bone was called for.

Early on the next morning, assisted by Drs. West, Estep, and Tigart, I operated. Several pieces of bone were removed, and a triangular portion which was depressed, but not broken off at the base, was raised to its proper position by the elevator.

There was a large collection of coagulated blood deposited between the dura mater and skull; this was carefully removed, and the flaps replaced loosely, giving room for the discharge to take place. The condition of the patient when operated upon, was much the same as already reported.

In an hour or two after the operation he became *perfectly rational*, and for more than *two weeks* remained comparatively *well*. The paralysis entirely passed off, and not the least difficulty was experienced in walking—his step was firm, and carriage erect; he ate heartily, and slept naturally, suffering but little pain in the head, except that caused by the wound of the scalp.

On the seventeenth day from the date of the injury, while eating his supper, a feeling of strangulation was suddenly experienced, which almost as suddenly disappeared, leaving him in his former condition. There was no change in the symptoms during the next twenty-four hours; at the end of this time the feeling of strangulation returned, followed in a few minutes by a severe spasm, accompanied by the discharge, at first of blood, afterwards of a thin watery fluid from the left ear. During all this time the patient was apparently *rational;* on several occasions, while suffering from a spasm, he encouraged his friends to be of good cheer, assuring them it would soon pass off.

In a few hours the spasms ceased to recur, leaving the patient suffering great pain in the head, *but still rational.* At times the discharge from the ear would cease, and recur from the opening in the skull. This state of things continued until his death, which occurred on the evening of the twenty-fourth day from the date of the accident. The next morning, (fourteen hours after death,) assisted by Drs. West, Estep, and Updegroff, I made an examination of the cranium. Lying on the dura mater, for several inches around the point of fracture, was an accumulation of dark, semi-purulent blood. The membrane was not ruptured. On opening the brain, no evidences of concussion existed on the side opposite the injury; in the left hemisphere, immediately under the point of fracture, the substance of the organ was injected, and red with blood. With the exception of these changes, the entire brain was comparatively healthy.

We could not discover any extension of the fracture to the base of the skull. There was, however, a fracture of the petrous portion of the temporal bone, commencing near its base, a short distance below the superior border, and extending downwards and inwards, across the anterior surface, almost to the anterior border, and from that point continuing inwards to within a little distance of the apex. The fracture crossed the meatus auditorius internus, and partially destroyed the delicate apparatus it contains, by suppuration.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

MEDICAL CLINIC.

Nov. 23, 1861.

Service of Dr. Gerhard.

HEMIPLEGIA—PARALYSIS.

This was the case of a marine in the United States service, who was attacked ten days ago while at dinner with a sudden rush of blood to the head, which nearly caused him to tumble over upon the floor. Since that time his right arm and right leg, also, have been paralyzed; he had severe pain in his head, for which he was seven times cupped and kept on low diet, but not purged, before he came in to the hospital. He has the paralytic intonation of voice, a little husky; his mouth is slightly drawn to the left, and his tongue turns slightly to the right as he puts it out; both knees are weak—the right, however, is the worst; but there is the *entire absence* of the prickly sensation, which is often characteristic of these paralytic affections; this symptom you will specially mark. His head is the only part in which he feels any sensation of pain or distress; he has a dull, heavy pain in the head; his eyes are injected, the left eye more than the right. Now, here is a lesion of the brain, of what part?

It is impossible to determine with exactness the precise seat of the lesion, except that it is seated in the left hemisphere of the brain, producing, of course, paralysis of the right side. There is no disturbance of the mental faculties in the case; I, therefore, conclude the summit of the brain is not the part affected. The lesion must be, then, in the lower portion of the brain, and the part most apt to be affected is the corpus striatum. Such lesions do not depend upon inflammation, but result from the effusion, sometimes of serum, sometimes of blood. From the symptoms which present themselves in this case, I infer an effusion of blood, small, not large. If a large fasciculus of the fibres of the brain is not torn by the extravasation, the paralysis will be slight; if many of them are ruptured, it will be more extensive and permanent.

Treatment.—He has been cupped sufficiently; his pulse is small, sixty in a minute, with some degree of resistance, which if increased will require bleeding. Blisters should be applied behind the ears. Purgatives are better in slight paralysis, and should be cautiously used. A sure purgative, and one which will produce watery discharges is an infusion of senna ʒij, magnesiæ sulph. ʒss, taken as often as may be necessary. Diet should be light, milk, soup. Cold may be applied to head. Prognosis favorable, though there is a tendency in the disease to return. The popular notion is that the third attack will kill the patient. It is not correct. There may be repeated attacks and the patient still get well. And where death is the result it is rarely instantaneous. It is only, perhaps, in those cases where the effusion is very large, that persons immediately die. There may be unconsciousness or a comatose condition, in such cases, where life may not be extinguished for hours.

JEFFERSON MEDICAL COLLEGE.

SURGICAL CLINIC.

Nov. 16, 1861.

Service of Dr. S. D. Gross.

STRUMOUS OPHTHALMIA.

Miss M. C., from Armstrong county, Pa., 15 years of age; catamenia not yet established; healthy, robust in appearance; presents herself with an affection of the eyes of some time standing. On examining the eyes we find the conjunctiva congested, the vessels much larger than natural; everting the eyelids we find the same redness and congestion upon their inner surface; the lids are adherent in the morning, showing a supernatural secretion of the meibomian glands; there is great intolerance of light, so much so that she sometimes buries her head in a pillow, to avoid the light; this intolerance amounts almost to photophobia, and this is the characteristic feature of the affection; the parts are exceedingly vascular.

In the treatment of this affection, the first point is to look after the general health; a regular system of purgation should be adopted, and for this purpose give the following combination:

℞ Mass. pil. hyd., gr. v.
Ext. colocynth. co., gr. iij.
Pulv. aloes, gr. ij.
Antimonii et potass. tart., gr. $\frac{1}{16}$. M.
ft. pil. ij.

Take two every fourth night.

She may also take the saline and antimonial mixture, with sulphate of morphine, gr. $\frac{1}{16}$, quinine gr. jss, dissolved in water, by means of sulphuric acid, q. s., and tincture verat. virid. gtts. jii, four times in twenty-four hours.

The eye should be washed in an infusion of the pith of sassafras in water, five or six times a day. To produce contraction of the vessels of the conjunctiva, an ointment composed of:

℞ Ung. hyd. nit., gr. x.
Cerat. simp., gr. lx. M.

Apply twice a day to the edge of the lower lid, with a camel's hair pencil a portion the size of half a grain of wheat.

The eyes must be protected from the light by a green shade, and must be kept at rest; she must not read or sew; her exercise should be moderate; she should wash the whole body daily with tepid salt water, followed by dry friction; the surface should be well protected with flannel; diet should be light; no meat or pastry. With careful attention to these directions the prognosis is favorable.

VARICOSE ULCER.

A female, 29 years of age, feeble, anæmic; countenance pale and anxious; menstruation regular; has an ulcer upon her right inferior extremity, a short distance above the ankle, on the inner side; it is now of four weeks' standing; two years since she had a like ulcer upon her left extremity, which healed; it has been painful, but not now; the skin is bluish, from congestion and from enlargement of the saphena vein; there is little tumefaction; her appetite is poor; extremities cold; she has great pain in her head and ear, so severe at night as to prevent her from sleeping; has bled five days in succession from her mouth, nose, and ears, and has had discharge of pus from her ear; before pain comes on has some chill; no perspiration but one night.

The treatment in this case must be directed to the constitution, and not to the local affection entirely. Give her, in reference to the pain, which comes on regularly at night, quiniæ sulph., gr. x, twice in the twenty-four hours, say at 3 P. M. and at 6 A. M., till she has taken gr. xl. I prefer the large dose of this remedy to the small one, as it attains the object more speedily and more effectually. Whether this affection is malarial in its origin or not I am uncertain. Sometimes, in the progress of these cases, the pain becomes neuralgic in its character, and it may be necessary to give the following combination:

℞ Quinia sulph., gr. ij.
Ferri iodid., gr. ss.
Ext. nucis vom., gr. ss. M.

Take three times a day.

The ear should be syringed twice or three times

a day with soap and water, and afterwards with a mixture of:

R. Chloride of zinc, ℥ss,
Water, ℥viij. M.

which will act as a detergent, deodorent, and stimulant. Diet should be nourishing; she may have milk punch.

PHILADELPHIA HOSPITAL.

November 19, 1861.

Service of Dr. J. L. Ludlow.

CHOREA SANCTI VITI.

This disease is one of early life. It is seldom you find it in a person above the age of puberty. The case I present before you to-day, therefore, is one you will rarely meet with, and more interesting on that account. This man does not know how old he is, his family record being lost. He is not far from fifty, however. He was first attacked with this affection about one year ago, in the night, after performing some labor in the dairy. He was entirely well until that time, and since that time has exhibited this condition of constant muscular agitation. He shrugs his shoulders, makes ludicrous grimaces; his features undergo various distortions; he stammers in his speech, or hesitates, as if his voice was arrested; his extremities are in constant motion; if he attempts to grasp an object, perhaps his hand will be thrown off in another direction, and made to execute a variety of gesticulations; he stands up, but it is impossible for him to stand still; his limbs are in continual motion, sometimes regular, sometimes irregular, oftener a mixture of both; neither can he sit still. These symptoms all clearly mark the diagnosis. As I have said this is a disease of early life. But few instances are on record of its occurrence in persons of adult age. It seldom attacks very young children. It is most frequent between the ages of six and fifteen, or puberty, and in females than males. It sometimes occurs without any apparent cause, but the irritation of dentition, worms, eating indigestible substances, are frequent exciting causes, as also uterine disease, suppression of the menses, depraved habits of life, especially masturbation, which frequently occurs among boys at school. Girls affected with it, at the approach of puberty, are almost always relieved of it upon the establishment of menstruation.

The pathology of the disease is entirely unsettled. Some regard it as a lesion of the brain and spinal marrow; others as an effusion into the meningeal cavity of the spinal marrow; others as a softening of the brain and its membranes, serum in the ventricles, etc.—all agreeing on only one point, that it is an affection of the nervous system. A German observer has noticed an enlargement and disease of the odontoid process of the second vertebra. In regard to the indications of treatment, you should always endeavor to ascertain the cause of the disease, and direct your remedies to its removal, and from whatever causes it may arise, your aim should be to apply the proper hygienic remedy to remove them. If your patient be anæmic, you must attend to the general health, give tonics, iron, but the treatment is, to a greater or less extent, empirical. Many remedies have been proposed, but they fail to accomplish the object. Iron, Zinc, and Arsenic have their advocates, and are often beneficial. One of the best and most effectual I have found is the *cimcifuga racemosa.* which I use in the form of the fluid extract. The great aim in all the treatment should be to sustain the general health if it be at fault, and to give vigor to the nervous system and equalize its action.

ICTERUS, JAUNDICE.

Margaret A , an elderly female, who has been in the house a long time, always in good health until about two weeks ago, when she began to exhibit the symptoms of severe jaundice. Her skin is suffused, of an orange color; she had some pain about her right side when first attacked, but now has no pain whatever. The edges of her tongue are yellow, and a "crust," as she terms it, forms over it; there is also the same tinge in the conjunctiva; bowels inclining to costiveness; liver very slightly enlarged; urine dark in color, skin harsh and dry, and there is general languor and depression of spirits. The characteristic symptom in the case, and the one which distinguishes the affection, is the intense color of the skin, which indicates that, from some cause, there is an obstruction of the gall duct or proper action of the liver.

In itself, jaundice is a symptom rather than a disease, a result rather than an original affection, and it may arise from any cause which will produce constriction or closure of the hepatic duct, and this may be occasioned by pressure of the gravid uterus, from enlarged glands in the fissure of the liver, from impacted fæces in the colon, and from gall stones. Two specimens of gall stones, causing obstruction of the gall duct, were presented. In both cases the stones were as large as a small walnut, and one the product of a recent *post mortem,* was shown, impacted in, distending and closing up the gall duct, rendering the passage of the bile impossible. As a result of this closure, the bile, unable to find exit into the duodenum, is reabsorbed, and the coloring passes into the circulation, and gives rise to the peculiar tinge of the skin, which indicates the disease; the fibrine of the blood is diminished, and the blood itself becomes poisoned, producing coma, delirium, and finally death.

In the treatment of jaundice, remedies must be directed to overcome the obstruction of the gall duct and restore the healthy action of the liver; for this purpose, leeching, cupping, warm bath, the use of mercurials, as blue mass, which should be carefully watched, may be employed. Too much caution cannot be observed in the use of mercury. The preparations of potash may be used, or nitro-muriatic acid, which I have found to be one of the most efficient remedies I have used in chronic cases. Local applications of iodine may also be made in the region of the liver with benefit. The diet should also be carefully regulated, fatty matters being avoided.

CONGESTION OF LUNGS.

This man, fifty years of age, a laborer, always a stout, healthy, able-bodied man, was brought to the Hospital on Monday last, laboring under great dyspnœa, and extreme bronchial respiration all over the lungs. He is a temperate man, except an occasional glass of lager. Was taken twelve days ago suddenly, in the street; recovered from this attack, and resumed his labor; was again attacked, and brought to the Hospital. He represents himself as always well, save a hard cold sometimes, and a pain in his right side a year ago. When he arrived here his difficulty of breathing was extreme, and he seemed almost moribund. Under these circumstances, he was bled by the house physician, and had warm fomentations applied, by which he was relieved. This was proper treatment. Had I seen him, however, on his first admission, I should have bled him till the blood changed from its dark color to a bright venous hue. It was a case of active congestion of the lungs, and free venesection is the best possible remedy that can be used, and this notwithstanding the coldness of the extremities and the moribund symptoms, and I should have expected to have seen all his symptoms improved by it. He has been cupped, and has had turpentine fomentations applied, warmth to the extremities, alkaline mixture, with syrup of ipecac, blue mass, and under this treatment his case assumes a favorable appearance.

FROM THE LONDON HOSPITALS.

The *Lancet* for Nov. 9 contains the following cases, the one from *Charing Cross*, the other from *Guy's* Hospital, which may be interesting to our readers:

THIRTY-EIGHT EXOSTOSES GROWING FROM THE EXTREMITIES OF A GIRL.

F. H——, aged fourteen, applied to Mr. Barwell, on the 29th of July last, for swellings in different parts of her body. Her mother died nine years ago of consumption; the father has suffered all his life till lately from rheumatism, and about thirty years ago had a bony tumor removed from one of the thighs by Sir B. Brodie. She is the youngest child; there have been many born, but all have died except one sister, who is now about twenty, and has a small bronchocele. F. H—— has not menstruated, is of lymphatic temperament, has always had good health, but now suffers from pain in the chest, (gastrodynia,) and has grown thin lately. She fell down when a few months old and hurt her arm. The surgeon called in seems to have said that she was so fat he could not tell whether a bone was broken; at all events, no fracture was detected. The left forearm is now very much deformed, being bent inwards a little below its middle at an angle of 35°. The ulna appears to have been broken, and the fragments now override; the radius is bent in a rather abrupt curve over to the ulnar side. At the point of flexion the two bones are very widely separated.

On examining one or two of the swellings which the girl showed, they were found to be exostoses, and so numerous as to render an examination into their actual number and position necessary. They are thirty-eight in number, vary from the size of a half-pea (and very likely there are smaller ones not detectable) to that of a hen's egg; the smallest being on the fingers, the largest on the thigh. They all occur on bones of the extremities, not one being found on any part of the head or trunk. With one exception, they all have their seat on long bones—the exception is the scapula, and the bony enlargement in that spot is more like a thickening than an exostosis.

The large number of these exostoses would decidedly denote some constitutional defect, some unhealthy diathesis, giving rise to such excessive bony growth; but neither the general appearance nor the symptoms present anything to confirm such an idea. Dr. Willshire examined the urine, and found in it nothing abnormal. The condition of the left arm gives some clue to the probable state of the osseous system in general. The radius being so much bent, shows that the bones were all probably abnormally soft at a not very distant period. She affirms that the arm is getting more crooked pretty rapidly, and therefore it would appear that this bone (probably the whole skeleton) is unusually soft; but what connection, if any, there may be between such state and the abnormal deposit of bony matter is not evident.

Mr. Barwell has had constructed a paraboloid spring, furnished with padded straps, to fasten on the arm, and with a saddle to prevent the instrument turning round. By this means he hopes, as the bone is still soft enough to yield to the deforming force, that it will not resist a power applied in the opposite direction. Iodine internally is the general treatment, and a different application is being made to each tumor, in order to find if any one produces any greater effect than another.

PECULIARLY FURRED CONDITION OF THE TONGUE IN A CASE OF DISEASE OF THE BLADDER.

J. W——, aged sixty-one, a shipwright, residing at Rotherhithe, was admitted on February 22d, 1860. Habits tolerably steady, and general health good; occasionally drank too much; suffered from gastric disturbance. Fourteen days ago had a fall on to his back; blister applied, and soon recovered. For twelve months has had difficulty of micturition and incontinence of urine. Catheters have been passed with relief to the local affection; but the general health has become weakened. For two months his appetite and strength have been failing, especially he has felt weakness in the right hand. It is six weeks since the catheter was last passed; since then he has frequent calls to pass urine (intervals of an hour and a half), with some difficulty in commencing micturition, and passing only a small quantity at a time.

On admission, body wasted; countenance presents nothing peculiar beyond the wrinkles of age: conjunctivæ slightly yellowish; arcus senilis in both

eyes. Tongue covered with fur, especially on centre of the dorsum; the fur is thick, white, or almost brownish, approaching to the condition of hair; the conical papillæ being greatly enlarged. On examination with the microscope, the fur presents a hair-like appearance, and on its surface are numerous specimens of the "oïdium albicans." He has no cough; chest and heart sounds healthy; arteries visible in wrists, contorted, not rigid; pulse 76; bowels regular; appetite bad; urine, specific gravity 1012, pale, clear, slightly acid, no sugar or albumen; right arm and hand much weaker than the left, also less sensible to pain, and slightly atrophied; pain in region of prostatic gland, which is greatly enlarged.

No special treatment was adopted in this case, and he left the hospital on the 29th February, after being one week under observation, with his tongue in about the same state as when he was admitted. It appeared as if it was with him a natural condition, not causing any inconvenience, nor indicating any special disorder.

EDITORIAL DEPARTMENT.

PERISCOPE.

Summary of Papers contained in the Transactions of the American Medical Association, Vol. 13th, 1860.

By O. C. Gibbs, M.D.
Of Frewsburg, N.Y.

(*Continued from page* 180.)

Following the paper just considered, is a *Report on the Influence of Alcoholic Drinks on the Development and Progress of Pulmonary Tuberculosis, by Prof. N. S. Davis, of Chicago.*

Dr. Davis' Observations extend over 210 cases, diligently observed by himself, and he comes to the conclusion that no form of alcoholic stimulants is "*capable of either preventing or retarding the development of tubercular phthisis.*" With due respect for Dr. Davis, we must say that his conclusions are not satisfactory from the premises. We have no confidence in a few isolated cases upon a subject so difficult of investigation as this, teaching anything reliable in a scientific point of view. The premises in this paper, as well as in the prize essay of Dr. Bell, can be made to teach the opposite view with even a greater show of fairness. Dr. Davis divides his cases into three classes. First, those who have used alcoholic stimulants nearly every day for some time; second, those who have used them only occasionally, as on festive occasions; and third, those who life-long have wholly abstained from their use. Of his 210 cases, to the first class belong 68; to the second, 31; to the third, 51. In the second class, as they drank only occasionally, once in a month or two, they were worthless as tests of the preventive power of alcohol, and, so far as that is concerned, should be classed with the temperate. The first class is also defective for proof, as it contains the drunken vagabond as well as the moderate drinker. But we let this pass. Now, because tubercular consumption has occurred in 68 cases, while the patients were in the habit of taking alcoholic stimulants, he argues they can have no preventive power. We do not see that this follows as a natural conclusion. Let us turn the argument. More than two-thirds of the 210—that is 142—developed tubercular phthisis, while virtually eschewing alcoholic stimulants; hence, according to the argument, temperance is twice as favorable to the development of consumption as intemperance. We do not give this as an expression of our belief, but to show the falsity of the argument.

He says further, "By a series of experiments commenced in 1849, and continued, at intervals, until the present time, I have fully satisfied myself that the presence of alcohol in the human system positively *diminishes* the great functions of respiration, capillary circulation, calorification, and metamorphosis of tissue." Now, if alcohol diminishes the respiration, it is because it diminishes the *necessity* of respiration. If the lungs are much diseased, then they are incapable of performing their normal amount of labor, and anything that will lessen the necessity of that normal amount of respiration may be regarded as remedial. Again, he says it diminishes the metamorphosis of tissue. Now, many suppose tubercles are the result of *excessive* metamorphosis of tissue—is the result of an express disintegration over excretion. If so, anything that will diminish metamorphosis acts remedially in consumption. He says alcohol diminishes capillary circulation. In health, we do not believe it—in our hands it is the best diaphoretic, as well as diuretic, we possess—thus increasing excretion, according to the view of Drs. Timms, Fountain, and many others, it must act remedially in consumption. Where prostration is excessive, from great weakness, etc., alcoholic stimulants, it is true, diminish the evacuations, and even in this event act remedially.

To a person in health, we cannot say we believe that the daily administration of alcoholic stimulants is preventive of consumption; but when that disease is present, the judicious use of this class of remedies we believe possesses a power to prolong life equal, if not superior, to any other.

The daily administration of calomel to a man in health, will not be found a preventive against disease, but such administration may be *curative* when disease is actually present.

Prof. Davis makes the following acknowledgment: "I have met, also, with a smaller class of patients, who would take these stimulants freely for any length of time, without either deranging the stomach or the brain, and with a decided amelioration of all the pulmonary symptoms, and an arrest of the emaciation. Some of these have actually increased in *embonpoint*, and in from three to six months were highly elated with the hope that they were recovering. But truth compels me to say that I have never seen a case in which this apparent improvement under the influence of alcoholic drinks was permanent."

Will the Professor tell us whether improvement in similar cases of consumption has, in his hands,

been permanent under any other treatment? Or whether, in like cases, he has seen most marked improvement in any cases in which alcohol formed no part of the treatment?

Dr. W. W. Gerhard, whose experience in this class of cases is great, and has extended over a period longer than is usually the privilege of most medical practitioners, regards alcoholic stimulants as the most powerful remedial agents at our disposal against consumption.

We have thus criticized the views of Prof. Davis, because he invites critical attention to this subject, and because we regard both his and Dr. Bell's arguments upon this subject as illogical and unsatisfactory.

To make statistics valuable upon this subject, they should cover more ground. For instance, in Dr. Davis' cases, 68 occurred among a class that were in the almost daily use of alcoholic liquors, and 51 among persons strictly temperate. Now, if he will tell us what proportion the temperate bore to the intemperate from which these cases came, we may calculate the influence of temperance and intemperance respectively upon the development of consumption. As many of his cases were seen in hospital practice, and as nearly three-fourths of the 210 were of foreign birth, we are inclined to think that the intemperate class bore to the temperate, from which the cases came, a greater proportion than 68 to 51. If one thousand persons strictly temperate could be observed for twenty years or more, and also another thousand, engaged in similar occupations, and living in a similar climate, of the same nationality, and of similar natural robustness of health, but in the daily use of alcoholic liquors—as, for instance, three moderate drinks a day—but never to intoxication, could be observed through the same period, the number of cases of tubercular phthisis, occurring in each thousand respectively, would be of some value in determining the preventive or favoring influence of the regular and moderate use of alcohol in the development of consumption. Any statistics, like those of Prof. Davis or Dr. Bell, that do not consider the numbers of the respective classes from which the statistics come, their nationality, vocation in life, and all the influences that affect health, are, to our mind, utterly worthless as proof of any point or fact in science.

The next paper is a *Report on the Education of Imbecile and Idiotic Children*, by H. P. Ayres, M.D., Fort Wayne, Indiana. This is a well written and able paper, containing about one hundred and forty pages; but as we propose to deal mostly with practical facts, of interest to the physician at the bedside of the sick, we pass it, referring our readers to the original paper.

Succeeding the paper just referred to, is a *Report on Inebriate Asylums*, by C. McDermont, M.D., of Dayton, Ohio. The author says: "We believe an asylum as necessary for the inebriate as for the lunatic. Every consideration in favor of the one may be urged with equal force in favor of the other." This is a very interesting paper, but for reasons above given we pass it without further comment.

Following this is a *Report of Standing Committee on Medical Education*, by D. Meredith Reese, M.D., of New York. As this paper is of more interest to professors and teachers than to practitioners at the bedside of the suffering patient, we shall pass it, referring those interested to the paper itself.

The next paper is a *Report of the Committee on Medical Literature*, by D. F. Wright, M.D., of Nashville, Tenn. The subject of American Medical Literature is one of interest. As publishers and physicians we have been too prone to trust to transatlantic authors for books, &c. Publishers could get the brain labor of foreign physicians free of cost, and hence no encouragement was held out to American authors. Foreign books could be sold at less prices than an American book, because the MS. cost the publisher nothing; and, hence, too often the product of American brains gathered dust, and were food for moths upon the shelves of the publisher. This is all wrong. American physicians should encourage American authors by buying and reading their works, and American publishers should bring to the light American MS., even, if need be, to the exclusion of foreign reprints. Where will the American physician find such an Anatomy as Leidy's? Such a Physiology as Dunglison's, Draper's, Dalton's, &c.? Such a Materia Medica as Dunglison's, Mitchell's, Wood's, and Stillé's? Such works on Practice as Dunglison's, Wood's, Drake's, and Dickson's? Such works upon Obstetrics as Dewees', Meigs', Miller's, and Bedford's? Such works upon Surgery as Smith's, Carnochan's, Gross', &c.? Such works upon Diseases of Children as Condie's, Meigs', &c.? Such works upon Diseases of Females as Meigs', Dewees', Bedford's, and Hodge's? Such works upon Fever as Morris', Bartlett's, Drake's, La Roche's, and Flint's? Such works upon the *Urinary Organs* as Gross' and Morland's? Such works upon the Diseases of the Chest as Green's, Swett's, Gross', Gerhard's, Lawson's, and Flint's? Such works upon Medical Jurisprudence as the Beck's, Wharton and Stillé's, and Elwell's? In fact, works upon almost every branch of medicine have been produced by American authors, that are unsurpassed in practical usefulness by any of transatlantic authorship. But how are American authors rewarded? Where one copy of Gross' Surgery has been sold, ten of Druitt's has found a purchaser; where one of Wood's Practice, perhaps ten of Watson's, and so on to the end of the chapter.

So with Medical Journals. No nation upon the face of the globe publish so many and so good medical journals as America, and perhaps none are so poorly supported. There is about *forty* regular medical journals published in this country, and yet it is an indisputable fact that not *five* of them pay expenses. Since this was written there has been several deaths among the journals, and it is presumable that the epidemic is not fully spent. There will be a few more deaths; the loyal States fare the best; secession does not seem to be favorable to medical journal literature. Full one-half of American physicians extend to them no encouragement, and many others patronize, in ignorant preference, foreign journals. If physicians would but arouse themselves to a zealous determination to acquaint themselves with all the improvements of the age, and all there is of medical progress, then American medical books and journals will find a demand, and

authors be encouraged to put forth their highest endeavors.

It seems to us that what is most to be desired at present is a Journal, or Year Book, that shall gather up all there is of practical value to be found in American journals, monographs, published Society Transactions, and medical books, and present the whole in a greatly condensed form, and at a trifling cost. The labor of preparing such a summary of American medical progress would be very great, and to do justice to the work a peculiar talent would be required; but upon him or them who can successfully accomplish such a work, the blessings of the profession will ultimately fall. That such a work will ultimately be produced we have no doubt, if the profession will extend to it that encouragement and substantial aid which it of right deserves.

Having occupied thus much space with our own reflections, we have no space to analyze Dr. Wright's paper. If our readers suppose that the science of medicine owes nothing to American physicians, let them answer who first discovered anæsthetics? who first reduced dislocations by manipulations—dispensing with pulleys and the pain which they produce? who first used adhesive straps in effecting counter extension? who first invented the silver suture? who first carried the sponge-armed probang into the bronchia? who first extracted ovarian tumors? who first devised the means for effecting a union in ununited fractures? Many questions of a similar kind might be asked, the true answers to which would redound to the honor of American physicians and surgeons.

The last and concluding paper in the Transactions is a Report on *American Medical Necrology*, by Christopher C. Cox, M.D., of Maryland. This feature of the Transactions is worthy of all praise, and we hope it may be continued from year to year, so long as the Society exists. It is but just that the *Transactions* of the *American Medical Association* should perpetuate the name and fame of the members of the Association, and of distinguished physicians throughout the country.

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CATARACT OPERATIONS.

Dr. Rivaud-Landrau, of Lyons, publishes, in *L'Union Médicale* of the 1st inst., very valuable statistics respecting 2,317 cataract operations (extraction, couching, and tearing) performed by himself during twenty years. The author enters into many details which will prove extremely useful as a basis for ophthalmological conclusions. Of the main results, we may state that, out of the 2,317 operations by the three methods, 1,921 were completely successful; 141 partially so, and 255 were failures. Out of the latter, however, the operation was tried again, and proved successful in 19 cases. As to the method of operating, the author finds that, by comparing the successful operations with the failures, the latter give nine per cent. for extraction, and thirty-nine per cent. for couching. Dr. Rivaud has, therefore, almost given up couching, except in peculiar cases. Tearing failed only in five per cent. of the cases; but is only applicable in congenital or soft cataracts.—*Lancet.*

HEMIPLEGIA AND PHTHISIS.

This kind of paralysis has been now and then observed in cases of phthisis, tubercular deposit in the brain being then suspected. A very striking case of this kind has been published, by M. Colin, in the *Gazette Hebdomadaire* of the 30th ult. The subject was a young soldier, aged twenty-three, who, up to the month of March, 1861, had enjoyed apparent good health. He had now dyspnœa and cough, slight dullness on percussion, with some rough breathing, being observed on the left apex. Almost constant headache was complained of, and the patient was greatly excited during the severe fits of pain, screaming aloud while the paroxysm lasted. On March 24th, delirium supervened, and the headache was worse than ever. The next day vision became imperfect, and on the 26th facial paralysis set in on the right side. On the 28th, there was complete amaurosis, and on the 30th the paralysis extended to the whole of the right side of the body. Death occurred on April 1st, On a post-mortem examination being made, a vomica, which might have lodged a walnut, was found in the right apex. In the brain, a few granulations were observed on the internal origin of the fissure of Sylvius. In the inferior angle of the torcular Herophili, several tubercles were found, of a yellow color, varying in size from four lines to an inch in diameter. There were altogether six tubercles sunk in the pulp of the cerebellum, and a seventh placed on the surface of the cerebellar substance. The volume of the mass of tubercles was about a third of the size of one of the lobes of the cerebellum.

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Health of the Army.—The Vermont regiments are the most sickly in the army, owing to the sudden and entire change of climate probably, they being sent directly to the seat of war upon the lower Potomac. The average of sickness for the last month was forty-eight to the regiment, the greatest being the Vermont, 144; then Rhode Island, 111; Michigan, 77; Wisconsin, 76; Maine, 69; Minnesota, 58; Pennsylvania, 52; Massachusetts, 50; Illinois, 44; New York, 27; New Jersey, 15.

Dr. L. Traver, of New Bedford, Mass., has been appointed Assistant Surgeon in the Navy, and ordered to report to Commodore Pendergrast, at Philadelphia, for duty on board the U. S. steamer Delaware.

On Wednesday last, Drs. J. Rodman Paul and Albert H. Smith; and E. Hoffer, were elected managers of Wills Hospital in this city.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, NOVEMBER 30, 1861.

THE HISTORY OF CLINICAL INSTRUCTION.

Clinical teaching is becoming every day a more important branch of medical instruction. It is now recognized as almost a necessity that the student shall spend a portion of his time at the clinic. Hence the connection of clinical lectures with all our Medical Colleges, and hence the opening of all our public and private hospitals for that purpose. The importance of such instruction cannot be overrated. But it is not our object to dwell at this time upon that feature of the subject, having already done so at some length in a previous number of this journal. The history of clinical instruction now demands our attention, and here we find the data furnished to our hands in the "*Address delivered at the opening of the new Clinical Room of the Philadelphia Hospital, by Dr. J. L. Ludlow,*" of this city. The first clinic of which history gives us any knowledge was established in 1643 in Holland. The most distinguished was that at Utrecht, under Straeton, and at Leyden, under Huernius. The latter was the first to examine closely the patient in the presence of his pupils and expatiate upon the nature of their diseases, which constitutes what is now termed clinical instruction. More than one hundred years after this, viz: in 1748, we find Dr. Rutherford giving a course of clinics in the Royal Infirmary of Edinburgh, Scotland, and five years after a clinical institution was established at Vienna by Boerhave, where lectures were delivered by Van Swieten, De Haen and Stoll. At the same period Dr. Cullen gave clinical lectures in the Royal Infirmary of Edinburgh, and was assisted by Drs. Wyeth and Monro, and afterwards Gregory and Home. The interest excited by these lectures in these countries, and the elevated tone of medical instruction which they produced, soon spread to the other schools of Europe. In Italy as early as 1715 a clinic was established by the Pope of Rome, mid all the splendor of the Church, of which Lancisci was inaugurated chief. In the University of Pavia in 1781, Tissot and Scarpa occupied clinical chairs. Clinics were also established in Spain, and students were compelled to see a town practice of two years before entering upon private duties. In Russia they have been continued upon a most vigorous and extensive scale since 1765. In France clinical instruction has surpassed that of any other country, though it was not until 1794 that clinics were attached directly to the faculties of medicine, and clinical professors provided. Desault occupied a chair of clinical surgery, and in 1795 Corvisart was professor of clinical medicine at La Charité. Among the pupils of Corvisart were Bayle, Lænnec and Baron Dupuytren, and many of the most eminent practitioners of succeeding years were educated under him. At the same time Fouqué founded clinical instruction in the old and time-honored University of Montpélier, and some time afterwards an obstetrical clinique was established at Strasburg. The *present system* of clinical lectures was established in England in 1822 by John Abernethey, though the privileges of the hospitals were extended to the pupils of medicine at a much earlier date.

Turning to our own country we find the *first recorded* dissection of the human body for medical purposes was made in New York by Drs. John Bard and Peter Middleton in 1750, and that the first *course* of medical lectures was delivered in Philadelphia by Drs. Shippen and Morgan in 1765, and also that the *first clinical lecture* given in America, was delivered at the Pennsylvania Hospital in this city on the 3d of December, 1760, by Dr. Thomas Bond, who was one of the physicians of that institution. In 1768, the example of Philadelphia was followed by New York in the establishment of a medical school, and in 1791, the completion of the New York Hospital gave that city the first opportunity for aiding the school of medicine by disseminating proper clinical instruction. Thus more than one hundred years have passed away since that system of instruction which has now become at once so popular and so essential, was first introduced into this country. From its small beginning, in this city, when the students were so few, that they could easily accompany the attending physician in his daily walks through the wards, it has increased so rapidly,

that it assumes almost gigantic proportions, and stands out before us to-day as one of the most efficient means of medical instruction. He who would be thoroughly qualified for the active duties of the profession must study diagnosis and the therapeutical application of remedies by the bedside and in the clinic. Theory is well in its place, and must not be regarded as unimportant, but it "vanishes into thin air" before the facts developed in the clinic. Books are useful as affording hints and suggestions for thought and reflection, as landmarks to indicate our progress, but worthless as guides, to be stricly followed. Didactic teaching in the medical school is important, as mapping out before the student, in brief, the theory and philosophy of medicine, but that which he sees with his own eyes, handles with his own hands in clinical instruction, will make the deepest and most lasting impression upon his memory, and will avail him most when the practical duties of the profession become a reality before him.

EDITORIAL NOTES AND COMMENTS.

Treatment of Prisoners at Moyamensing.—The United States Grand Jury, lately in session in this city, makes the following statement in relation to the treatment of prisoners now in custody here on a charge of piracy. They were specially induced to make their inquiries, and to publish this statement, by reports which have been circulated at the South, that these prisoners were maltreated or grossly neglected by the United States Government. There are now thirty-eight such prisoners, of whom thirty-six —being the officers and crew of the Petrel—remain untried. We found all these in good health, with the exception of one man, whose head had been injured before he was apprehended, and the captain of the privateer Petrel, who suffers from rheumatism, and gratefully acknowledges the attention, kindness, and skill of Dr. Henry Y. Smith, the medical attendant of the prison. We separately interrogated each prisoner, and received no complaint, either of food or treatment. R. M. Harvey, who acted as lieutenant of the Petrel, and was formerly acting lieutenant in the U. S. Navy, expressly returned his thanks for the kind attention of Mr. Perkins, which, he said, could not be surpassed. Harvey was the only person who preserved a supply of wearing apparel. The others are very deficient in clothing; several also complained of the want of shoes. We recommend that these wants be supplied, especially as the cold season has commenced. These prisoners complained that the prison regulations prevented the use of tobacco, which becomes a sort of necessity to seafaring men. The prohibition of tobacco, to untried prisoners, was occasioned, we believe, by the desire to keep the cells clean. Perhaps some modification of the rule might be permitted in the particular case of these men.

Death of St. Hilaire.—By the late steamers we have the intelligence of the death of Isadore Geoffroy St. Hilaire, which took place on the 10th of November. He was born in Paris on the 16th of December, 1805, and was the son of the famous naturalist, Geoffroy St. Hilaire whose discoveries with Cuvier attracted so much attention towards the close of the last century. The younger St. Hiliare inherited his father's abilities and at the age of nineteen was appointed assistant naturalist at the Jardin des Plantes. At the age of twenty-five he delivered lectures as substitute for his father. He shortly afterwards published the "General and Particular History of the anomalies of organization in man and animals." This was followed by the "General History of the Organic Kingdom." He also published a work on the "Domestication of Useful Animals," and "letters on alimentary substances, and particularly on the use of horse-flesh as food." This last work drew down on him a great deal of ridicule, the wits of Paris vieing with each other in their attacks on the new disease called *hippophagie*, or horse-eating.

Dr. Letheby on City Pumps.—This eminent London sanitarian, in his late report to the Medical Officers of Health, makes the followlowing statement touching the perilous character of the water furnished by many of the London pumps. We know not whether they will apply with any just force to the pumps of this or any other city of this country, but, judging from the appearance of the water we sometimes see ejected from the nozzles of some pumps in this city, and from the filthy surroundings, the inference we think to be a fair one, that a vast amount of organic matter is mingled in its composition, such as would not tend to promote the health of those who use it. The effects of these noxious elements, if such they be, may be latent

for a long period of time, but the prevalence of an epidemic would develope them most rapidly and fatally:

"Altogether there have been thirty-four of the city pumps examined, and in every case the water has been fouled with surface drainage. There is not one of these pumps that derives its supply from the deep strata of the London basin; and, excepting the pump in Glover's hall court, and that in Guildhall-buildings, none of them furnish water that is fit for domestic purposes. At the best of times some of them yield water which contains from 100 to 130 grains of saline and organic matter in the gallon, and all of them are excessively hard from the altered products of decomposition. The knowledge of the composition of the soil through which the water passes should warn us of danger that may at any moment arise from its use. It may be that it has often been drunk with impunity, and that it has rarely shown any immediate manifestation of its morbid action; but it cannot be that the products of corruption can be constantly admitted into the human body without danger of insidious mischief, and there is the still greater danger of the impurities of the soil passing unchanged into the water, and being a source of quick and certain injury. The water of the city wells is constantly changing—in fact, it is hardly the same from hour to hour; for the soil through which it passes is pierced in every direction with drains and sewers, and is charged with every species of corrupting refuse, which passes in variable proportions into the porous strata from which the water is pumped. This ought to tell us not only of the disgusting nature of the supply, but also of the dangers which lurk within it. Experience has shown that wells like these are liable at any moment to receive the leakings from a cesspool or a sewer, and thus to be the immediate cause of fatal disease."

"Nor are the percolations from the graveyards of a city less injurious; experience has demonstrated that this also is a prolific source of disease. Sir James M'Grigor relates that when the British army was in Spain, about 20,000 soldiers were buried in a rather small space of ground; this was done in the course of two or three months, and soon the troops who drank the water from the wells of the neighborhood, were attacked with dysentery and malignant fevers. The cause of the mischief was clearly traced to the hardly recognizable impurity of the water from the shallow wells. Here, however, in the churchyards of this city there are the remains of ten times such a buried army undergoing decay; and in the whole of this metropolis, in a space of not more than 218 acres of soil, there were buried not long since as many as 50,000 dead in the year. In a generation of thirty years this would give us 1,500,000 of decomposing bodies in the surface soil of London; and through these the water percolates, to find its way into the porous stratum which supplies the shallow wells. At best, the change of this corruption is but imperfect, and the presence of ammonia and saltpetre tells of the process of decay, and indicates the dangers which accompany it."

Correspondence.

BOSTON CORRESPONDENCE.

Meeting of Society for Medical Observation—Valvular Murmur, its frequency and treatment—Uterine Diseases—Treatment of Mammary Abscess.

Boston, November 20th, 1861.

To-morrow is Thanksgiving, and from every corner of the State the sound of preparation goes up. The weather is propitious, and the occasion bids fair to be one of unusual interest. The success of the Federal arms, and the apparent dawning of an era of better days, together with the fortunate capture of the Rebel Commissioners, will make the day a day of Thanksgiving indeed.

The condition of the general health in our city remains unchanged. Last week the total number of deaths was 62, of which 2 only were from typhoid fever. The continuance of the moderately cold weather, no doubt, tends to keep up this generally good sanitary condition, and without having had so much of the Indian summer as we usually experience, the weather, up to the present time, has not been cold enough to kill the vines and plants about the houses. I saw a running vine yesterday that was still blooming, and the leaves were as green and vigorous as in midsummer.

The Society for Medical Observation held its meeting last Monday evening. There was quite a full attendance, and much interest discussion. The frequency of valvular murmur was mentioned. From the testimony of the gentlemen present, the exceptions to its being found were almost rarer than its presence. One of them who holds the position of examining physician to a Life Insurance Company, remarked that he had been much surprised to find it so frequent. He had stated the fact in his report without giving any opinion with regard to it, and the company usually gave the party his insurance. Other cases were mentioned of persons, otherwise in ordinary health, who showed decided and well-marked murmurs in the region of the valves. From this the discussion turned to the question, how far this condition of things indicated danger? The fact of their presence was indisputable, as was also the

fact that there seemed to be no hindrance, by them, as to the ordinary duties of life being perfectly well performed. The summing up of the whole matter would appear to be, that although the presence of any lesion of the heart, or its appendages, was a source of anxiety and fear lest it might increase and seriously endanger life, still the fact that symptoms indicating these lesions had been so frequently noticed, and, nevertheless, the patients enjoying ordinary good health, should lead us never to give up hope in every case, or suffer us to be discouraged from the start. There is more value in the maxim, "while there is life there is hope," than many are willing to allow. Dr. Bowditch remarked, that in this class of cases, those marked by dyspnœa, greater or less, and œdema of the extremities he had found a combination of digitalis, colchicum seeds and soda, in the proportion of half grain of the digitalis to a grain each of the colchicum and soda, given three times a day, of very great service. The combination had been long in use and was entitled to great confidence. He had himself seen great and decided improvement from its use in a number of cases.

The everlasting question of uterine disease came up in connection with a case reported, where lactation produced excessive prolapse of the womb, as long as it was kept up. The patient was affected in this way in both of her confinements, but had nothing of the kind in the intervals of lactation, and immediately upon weaning her child the symptoms disappeared. The case is certainly peculiar, but whether it was post hoc propter hoc remains to be proved.

Incidentally, in connection with the last mentioned case, the treatment of mammary abscess came up. The value of the belladonna treatment was discussed. Dr. Buckingham remarked, that many years ago he saw a communication in the newspapers to the effect that belladonna applied on the breast would prevent any trouble with the milk. When he began the practice of medicine he pursued this plan, till the idea suggested itself to his mind whether the good effect of this treatment, after all, was not owing more to the fact that while it was followed out, the child did not nurse, than to the specific effect of the application. Acting upon this he had found the same results follow simple rest of the mammary organ, and his course now was to enjoin absolute freedom from all applications whatever. By thus doing, in the course of thirty-six or forty-eight hours the hardness will begin to abate, the pain and throbbing go away, and relief follow. When the nurse or the attendants would not carry out his views, he had no doubt that a thickly spread plaster of diachylon salve, applied to the breast, with just sufficient space in the centre to let the nipple through, by preventing anything else being done, would accomplish what he was after, and that that was the reason of the success reported by many of the members present, who had instanced cases during the evening. It was a very difficult matter, indeed, to induce the nurse to forego the use of the breast-pump, or rub the cakes out the breast, and while he had no doubt that in some patient's mammary abscess would form in spite of any treatment, just as they would occur in the breast at other times than during lactation, he had, no doubt, that generally they were the result of interference and injudicious meddling on the part of the attendants. In connection with this, it was remarked by a member, that in the treatment of cracked or sore nipples, from his own experience, he was convinced, that the let-alone course, giving the nipple as much rest as possible, by diminishing the degree of irritation, would bring about a healthy state of the part sooner, without any application of medicinal substances, than where they were exclusively relied on. The periods of nursing should be at the longest interval consistent with the comfort of the patient.

TRIMOUNT.

NEW YORK CORRESPONDENCE.

Ingenio stat sine morte decus:—PROPERTIUS.

MESSRS. EDITORS:—At another meeting held by the Surgical Section of the New York Academy of Medicine, at the genial house of the Medical Cornucopia, Prof. James R. Wood, Dr. George K. Smith's paper, on the intra-capsular fractures, was discussed at length. Dr. Smith opened by remarking, in brief, the deficiency of evidence strong enough to prove that any of the specimens now in the possession of the learned surgeons who had written on the subject, were *intra*-capsular. Some were indefinitely described, others not macerated sufficiently to test the merits of the bond of union, etc., etc., etc.

Prof. March, of Albany, N. Y., paid an eloquent and graceful tribute to Dr. Smith's ingenuity, originality, industry, and, above all, *truthful* statements and wise suggestions. But this will in time appear in the pages of your medical journal. Dr. Smith may well be proud of what is justly his due. Dr. Wood stated that on the next meeting the subject would be still further discussed and developed.

An interesting exhibition was then made by Dr. Vedder, of the invention of a superior splint for hip-joint diseases, and some kinds of fractures. Its simplicity and cheapness will prove excellent aids in recommending it to the community in general.

After the judicious distribution of delicious "bi-valves," flavored cream hardened by low temperature, and a generous prescription of spirito-gentil tonics, the assembly dispersed, radiating in suggestive gratitude.

Last Wednesday evening, at the Academy

Proper, *i. e.* the University Building, the subject of anæsthesia was most ably treated by Prof. Fordyce Barker, of this city. Dr. Barker, whose experience is vast in all the modern improvements of obstetrical science, maintains that in certain emergencies this balm of consolation. in the shape of chloroform, cannot be too highly considered. The great power it exercises over the excited and delirious parturient female is only to be equalled by the calm result of its persuasive influence, The publication of this elaborate Treatise on so interesting a topic of vital import, will unfold the wisdom of employing such a remedial agent, and expose the ignorance and untutored inefficiency of antiquated practitioners, who refuse to use it at the bedside from the want of moral courage.

Dr. George T. Elliot made, also, some very pertinent remarks on the aid to be derived from ether, under certain circumstances, and when the experienced attendant should desire an effective agent for specific ends. The "paper" will be more thoroughly discussed at the next meeting.

The Sanitary Association is not idle. Many movements of no little consequence to this community, will bring to light the sad depravity of bar-room health wardens, and the unmitigated bribing of unlettered politicians, who know less of hygiene even than veracity. Progress will no longer tolerate the shameful usages of those who make a living out of others deaths. A proper system will be soon inaugurated.

Dr. R. S. Kissam is dangerously ill with pneumonia.

GOURMET.

We cheerfully give place to the following letter from the President of the Essex N. J. District Medical Society. The letter sufficiently explains itself, and corrects the errors into which we were led by copying the statement made in such positive and apparently well-founded manner by the *Newark N. J. Mercury*. The second article in the *Mercury* escaped our observation, or it would have received prompt notice in our columns.

Orange, N. J., Nov. 21, 1861.

MESSRS. EDITORS:—Your notice, in a recent No. of the REPORTER, concerning the appointment of Mr. Craven as Brigade Surgeon, contains some erroneous statements and reflections upon the members of the profession in Newark, which need correction. As you derived your information from the "Newark Mercury," I regret that you did not notice an article in the same paper, published a day or two afterwards showing its falsity.

It is not true that "a letter was recently addressed by some of the physicians of Newark protesting against Mr. Craven's promotion." The letter addressed to the Surgeon-General was from the District Medical Society, and was unanimously approved by it.

It is not true that the Secretary of War sent a reply "commending him as having shown the highest degree of fitness for his position, and intimating that the opposition he has received proceeded entirely from feelings of jealousy." The Secretary of War, in his reply, stated that Mr. C. had passed the Board of Examiners, and had been recommended by them, and that the Department was not disposed to go behind their action.

The representations made to the Surgeon-General in the letter of the Medical Society *are well-founded*. Mr. Craven has no medical position whatever in Newark, has never taken a regular course of study *in* a Medical College or *out* of it, and has had no opportunities for investigation upon the cadaver.

He was not known as one claiming to practice medicine, to one-quarter of the members of the Society. The intimation, studiously circulated by himself and his friends, that the physicians of Newark are jealous of him is simply ridiculous.

The members of the Medical Society did not expect, by their action, to cause the removal of Mr. C. It was very evident to them, that if such a man received the appointment of Brigade-Surgeon, through the recommendation of a Board of Examiners, other considerations than those relating to competency, influenced it, and in the name of the profession, the Society protested, and will continue to protest against it. They regarded the appointment as degrading to the Army Medical Staff, composed as it mostly is of highly educated medical men. They were influenced solely by a proper regard for the honor of the profession, and for the poor wounded fellows, who might fall under his untaught and unpractised surgical hand, forboding to them evil, and only evil, and that continually.

Very respectfully, yours,

STEPHEN WICKES,
Pres. Essex Dist. Med. Society.

ARMY CORRESPONDENCE.

We copy from the *Medical Times and Gazette* the following interesting and instructive account of one of the "sanitary courses" which are held every six months in Zurich, Switzerland. The letter is dated

"*Berne, Oct.* 2, 1861.

"A number of medical men, sick attendants, and commissaries of ambulances were assembled in Zurich. The Staff-Surgeon first gave them instruction in the organization of foreign armies as well as of the Swiss forces, and the execution of the sanitary measures necessary for the efficiency of the service, the ambulances and hospitals, the general administration, the keeping of accounts, etc. They were then shown the whole material necessary for the

sanitary arrangements, and had to practise its application, unpacking and repacking. Especial attention was called to the transport of the sick and wounded by rail and other means of locomotion, regard being had to the experience made in the last wars. Manœuvres were then made under the command of the chief Staff-Surgeon of the Swiss army. A sham fight by the artillery and the infantry took place for forcing the passage of a river, and thirty soldiers were left wounded along the banks, ticketed with cards stating the kind and locality of the wounds. This was done in order to test the efficiency of those attendants whose special duty is the search for and the transport of the wounded.

"At a certain distance from the line of battle, on both wings of the force, the Surgeons set up in order to dress the wounded—all necessaries, straw, water, etc., being provided in abundance. A certain number of attendants and their helpers then advanced to the field of battle, searched for the wounded, made a rough preliminary dressing, and then transported them on suitable carriages to the Surgeons' tents, where the real dressing was done as simply as possible. Dressings with triangular towels were used for the wounds of the upper extremities, of the head and the feet, and for a large proportion of the wounds of the thigh. For fractures, different forms of single and double splints were employed, and the several methods of applying the gypsum bandage were practised—gypsum being always at hand in the Swiss ambulances. Capsules which are moulded for enclosing the whole extremity, and are only open at the top, will also be shortly introduced. This is of great importance, as they are superior to any other contrivance for the transport of the wounded. For limiting the use of the tourniquet as much as possible, the attendants and their helpers are practised in digital compression of the principal arteries, the experience of the Russian and English armies during the war in the Crimea having fully shown that this is far preferable to the use of the tourniquet. In the Italian campaign of 1859 therefore, scarcely any tourniquets were used; and even when amputations were made, digital compression was exclusively employed.

"At a suitable place, an ambulance was put up, and with the greatest rapidity a tent, which afforded room for about twenty wounded persons, was struck, and a transport wagon mounted. The attendants then unpacked the material, prepared beds in the tent, and a field-kitchen, according to the French system, in its neighborhood; in from fifteen to twenty minutes the flag waved from the tent as signal that all was ready for the reception of the wounded. The chief of the ambulance assigned their proper places to every Surgeon and attendant, etc. A wagon, drawn by a horse, was sent to fetch the wounded from the Surgeon's tents on the wings of the force; such wounded persons as were still able to walk followed the wagon on foot. They were then taken to the operating tables; the wounds were closely examined, the necessary operations made, and durable dressings put on—everything being done "*tuto cito et jucunde.*" The commissary of the ambulance meanwhile distributed the material and made the necessary entries, while the wagon continually brought fresh supplies of wounded.

"In the meantime, another party had formed a suitable lazaret in a house and shed in a neighboring village, to which, in order to prevent a crowding of the ambulances, the wounded were, from time to time, transported, and there properly cared for. These proceedings were continued until all the wounded had been brought in, after which the ambulances were cleaned and repacked, and the tent raised.

"By these exercises, the sanitary field-service was practised in its whole extent, and the connection and the mutual action of all its parts clearly shown. In order to afford a better view of the whole and to avoid a loss of time, the several stations for rendering aid were situated much nearer to each other than would be the case in real warfare."

NEWS AND MISCELLANY.

Dr. Geo. B. Higginbotham, of Brooklyn, N. Y., has been appointed Assistant Surgeon of the U. S. Navy, and is now on duty on board the U. S. ship Courier, which forms one of the squadron at Port Royal, S. C.

Dr. S. Quick, of Phœnixville, Surgeon of the Forty-sixth Pennsylvania Regiment, has received the appointment of Brigade Surgeon, and is *quickly* to enter upon duty.

Dr. Lyman M. Tuttle, of Vernon, has been appointed Assistant Surgeon of the Sixth Vermont Regiment, in place of Dr. Carpenter, of Burlington, who has received the appointment of Surgeon in the Vermont Cavalry Regiment.

Chromidrosis Again. — It will be within the recollection of our readers, that a lady from Brest, in France, was convicted of deception by a committee to whom she had been referred. She pretended that a secretion of black pigment was constantly taking place on her upper lip; and had convinced her medical attendant at Brest that she should be looked upon as offering an example of a hitherto unknown pathological phenomenon. The lady travelled 500 miles to go to Paris, and had the mortification of being found out by the committee above alluded to, of which Dr. Guillot was the chairman. This extraordinary desire to deceive, merely for the purpose of attracting attention, caused some sensation in medical circles, and has induced Dr. Spring, of Liége, to communicate a case somewhat similar, and wherein

the deception was discovered by a very ingenious contrivance. The subject was a young lady, with whom the black color seemed to be secreted over the malar bone, and covered the whole space between that bone and the lower lid. When washed off, it would very rapidly be reproduced. All the medical men who had seen the girl were struck by the strangeness of the phenomenon; and the young lady was eventually presented to Dr. Spring (Professor at the Liége University) as a pathological wonder. Dr. Spring was, however, incredulous. Several very severe trials were made; but, though closely watched, the young patient always succeeded in coming off best. At last our sceptic hit upon the idea of applying over the part so frequently blackened by this strange secretion a thick layer of collodion. The patient was left for the night, after having been told that the collodion was intended to cure the malady. The next day the carbonaceous pigment was found *over* the collodion, and none *under* that compound. The deception was thus very clearly proved.—*Lancet.*

Answers to Correspondents.

Dr. J. W. B., Ill—The Reporter for one year, and Physician's Hand-Book of Practice for 1862, will be sent to your address for $3 60, paid previous to Jan. 1862. The Hand-Book contains in addition to the practical part, a Visiting List for some thirty patients, and sells at retail for $1 25 per copy. Subscribers to the Reporter get the book therefore for less than half what it will cost them if they buy it at the book stores. Or we will send you the Reporter and "Physician's Visiting List" for 25 patients, the retail price of which is 75 cents, for $3 40, paid within the same time. These terms are exceedingly liberal, and we hope will induce you not only to subscribe for the Reporter yourself, but to commend it to others. tf.

Communications Received

District Columbia—Dr. H. Magruder, with encl. *Illinois*—Dr. W. J. Galt, with encl. *Indiana*—Dr. W. P. Wellborn. *Maryland.*—Dr. J. H. Taylor, with encl. *Massachusetts*—Dr. A. Cornish, Dr. Samuel Perham, Dr. Thos. Bayne Dr. Charles Cullis. *Michigan*—Dr. D. A. Post; Drs. A. H. Smith, E. D. Clark, each with encl.; Dr. B. Hesse, with encl. *New Jersey*—Dr. L. C. Cook, with encl.; Dr. Stephen Wickes; Dr. D. H. Meachem, with encl. *New York*—Dr. O. C. Gibbs, Dr. P. Bellinger, Dr. Jewett, with encl. Dr. I. F. Basora, Dr. J. Homberger, Dr. J. Foran, with enclosure; Dr. J. E. King, with enclosure; Dr. J. Swinburne, with enclosure; Dr. S. W. Francis (2). Drs. P. P. Staats, J. J. Dunlop, W. F. Carter, G. H. Billings, James Lee, L. Weed, S. E. Whiting, T. C. Gilbert, S. Green, R. Hamilton, S. S. Strong. J. J. Flint, W. W. Parke, H. E. Dibble, J. Ferguson, M. S. Littlefield, A. Axtell, A. J. Long, J. W. Black, each with encl.; Dr. W. V. V. Rapalje. *Ohio*—Dr. P. Buman. *Pennsylvania*—Drs. P. R. Wagenseller, E. H. Horner, with encl.; Dr. W. C. Roney, with encl.; Dr. D. Gamble, with encl. *Vermont*—Dr. N. D. Ross, with encl.; Dr. H. R. Jones, with encl.

Office Payments.—Drs. Nice, Huntington, Dudley, Prfiffe, Lamb, Pierce, Rogers, Migeod, Kline, Penrose.

VITAL STATISTICS.

Of Philadelphia, for the week ending Nov. 23, 1861:

Deaths—Males, 125; females, 93; boys, 64; girls, 35—Total, 218. Adults, 119; children, 99. Under two years of age, 50. Natives, 168; Foreign, 37. People of color, 3.

Among the causes of death we notice—Apoplexy, 4; convulsions, 14; croup, 5; cholera infantum, 1; cholera morbus, 0; consumption, 40; diphtheria, 6; diarrhœa and dysentery, 3; dropsy of head, 5; debility, 8; scarlet fever, 11; typhus and typhoid fever, 3; inflammation of brain, 2; of bowels, 4; of lungs, 14; bronchitis, 1; congestion of brain, 3; of lungs, 5; erysipelas, 0; whooping cough, 0; marasmus, 5; small pox, 8.

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Of Brooklyn, for the week ending, Nov. 23, 1861:

Deaths — Males, 59; females, 57. Total 106. Under five years, 49.

Among the causes of death we notice—Consumption, 20; scarlet fever, 12; convulsions infantile, 11; inflammation of lungs, 7; debility, 5; marasmus, 3; croup, 3; bronchitis, 3; dropsy, 3; diphtheria, diarrhœa, erysipelas, typhoid fever, measles, small pox, each one.

Of Boston, for the week ending Nov. 16, 1861:

Deaths — Males 32; females, 30. Total, 62. Natives, 37; Foreign, 25.

Among the causes of death we notice—Phthisis, 12; cholera infantum, 0; croup, 3; scarlet fever, 2; pneumonia, 3; variola, 0; dysentery 0; typhus fever, 2: diphtheria, 0; Whooping-Cough, 6; Convulsions, 5.

Of New York for the week ending Nov. 18:

Deaths—Males, 215; Females, 177; Boys, 124; Girls, 99. Total 394. Adults 169; Children 228. Under two years of age. 148. Natives, 267; Foreign, 125; Colord, 5.

Among causes of death we notice—Apoplexy, 6; infantile convulsions, 32; croup, 8; diphtheria, 8; scarlet fever, 22; typhus and typhoid fevers, 12; cholera infantum, 6; cholera morbus, 0; consumption, 56; small-pox, 9; dropsy of head, 7; infantile marasmus, 20; diarrhœa and dysentery, 10; inflammation of brain, 6; of bowels, 10; of lungs, 14; bronchitis, 13; congestion of brain, 6; of lungs, 8; erysipelas, 2; whooping cough, 5; measles, 1. 200 deaths occurred from acute disease, and 45 from violent causes.

Medical Directory.

Pennsylvania Hospital, Eighth, below Spruce. Entrance on Eighth street.
Medical Clinic on Wednesday's and Saturday's, at 10 A. M., by Dr Gerhard.
Surgical do., at 11 A. M., by Dr. Geo. W. Norris.

Medical Library of the Pennsylvania Hospital—Open on Wednesdays and Saturdays.

Philadelphia Hospital.—Medical Clinic on Wednesdays and Saturdays, at 9½ A M., by Dr. J. L. Ludlow.
Surgical Clinic on Wednesdays and Saturdays, at 10½ A. M., by Dr. D. H. Agnew.

Wills Hospital for the Eye and Limb.—Clinics, Monday and Friday at 12 M., by T. G. Morton, M.D.

Howard Hospital, Lombard street, between Fifteenth and Sixteenth.
Clinical Lectures daily, at 12 M., 1 and 5 P. M. Monday and Thursday—Dr. Turnbull, at 1 P. M. Tuesday and Friday—Dr. Darrach, at 12 M.; Dr. Klapp, at 5 P. M. Wednesday and Saturday—Dr. Neff, at 12; Dr. Judson, at 1, and Dr. Morehouse, at 5 P. M. Monday and Thursday—Dr. Meigs, at 5 P. M. Tuesday and Friday—Dr. Atkinson, at half-past 3 P. M.

Jefferson Medical College, Tenth, above Walnut.
Medical Clinic on Wednesdays and Saturdays, at 12 M., by Dr. R. Dunglison.
Surgical do., at 1 P. M., by Dr. S. D. Gross.

University of Pennsylvania, Ninth, below Market.
Surgical Clinic on Wednesday's and Saturday's, at 1 P. M., by Prof. Smith.
Dispensary Service every afternoon at 3 P. M., by Drs. Dunton and Hodge.

Pennsylvania College of Dental Surgery, 528 Arch Street—Clinical Lectures, daily, (except Sunday,) from 2 to 4 P. M., by Dr. Goodwillie.

Philadelphia Lying-in Charity.—Clinic for diseases of females, at "Nurse's Home," S. W. corner Eleventh and Cherry, every Wednesday and Saturday morning at 9 o'clock, by Dr. Albert H. Smith.